



1997 ECONOMIC CENSUS
ELECTRICAL GOODS

OMB No. 0607-0825: Approval Expires 08/31/99

DUE DATE FEBRUARY 12, 1998

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

WH-5060

Please read the accompanying instructions before answering the questions.

Census use

(Please correct any errors in name, address, and ZIP Code.)

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1. EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) shown in the label the same as the one used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 ☐ Yes 2 ☐ No – Report current EIN below

(9 digits)

Item 2. PHYSICAL LOCATION

a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 ☐ Yes 2 ☐ No – Report physical location below

Number and street

City, town, village, etc. State ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 ☐ Yes 3 ☐ No legal boundaries
2 ☐ No 4 ☐ Do not know

c. In what type of municipality is this establishment physically located?

096 1 ☐ City, village, or borough
2 ☐ Town or township
3 ☐ Other – Specify
4 ☐ Do not know

d. In what county (e.g., Dade County) is this establishment physically located?

Item 3. OPERATIONAL STATUS

a. How many months during 1997 was this establishment actively operated?

002

b. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box.

001 1 ☐ In operation
2 ☐ Temporarily or seasonally inactive
3 ☐ Ceased operation – Give date at right
4 ☐ Sold or leased to another operator – Give date at right AND enter name, etc., below

Figures only

Month Year

Name of new owner or operator

Number and street

City State ZIP Code

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.
Example: If a figure is \$1,125,628.79 report

• Preferred
Acceptable

Bil. (000) Mil. (000) Thou. (000) Dol. (000)

1 126 629

Item 4. DOLLAR VOLUME OF BUSINESS

a. Sales and operating receipts for 1997 (Include the gross selling value of business conducted for others)

010

b. Did this establishment earn commissions for the sale of merchandise?

121 1 ☐ Yes – Go to line c
2 ☐ No – Skip to line e

c. Gross selling value of business conducted on a commission basis (Include in item 4a)

122

d. Commissions received (On transactions reported in item 4c)

123

NOTE – If this is the only establishment of this firm skip to item 5

e. Percent of products sold by this establishment manufactured or mined in the United States by your company or subsidiaries

124

f. Value of transfers to other establishments within your company (DO NOT include in item 4a)

125

Item 5. PAYROLL

Payroll in 1997, BEFORE DEDUCTIONS

a. Annual

030

b. First quarter (January–March)

031

Item 6. EMPLOYMENT

a. Number of paid employees for pay period including March 12, 1997 (Include both full- and part-time employees)

032

b. List the above employees by the employee's primary function:

131

(1) Selling

132

(2) Sales support (including office and clerical, warehousing, customer service, maintenance employees, and drivers)

133

(3) Supporting functions of other establishments in your company (i.e., central administrative, accounting, research, etc.)

134

(4) Manufacturing

135

(5) Other – Specify

NOTE – The sum of lines 1 through 5 should equal total employment

Item 7. OPERATING EXPENSES			Mil.	Thou.	Dol.
Operating expenses for 1997 (Include payroll, but exclude cost of goods sold and interest expense)			040		
Item 8. INVENTORIES					
a. Did you have inventories at the end of 1996 or 1997?					
180	1 <input type="checkbox"/> Yes – Complete the remainder of the item				
	2 <input type="checkbox"/> No – Skip to item 9				
b. Were inventories of this establishment subject to the last-in, first-out (LIFO) method of valuation?					
185	1 <input type="checkbox"/> Yes – Use the sum of the LIFO amount plus the LIFO reserve for lines c and c(2)				
	2 <input type="checkbox"/> No – Complete only line c				
			End of 1997		
			Mil.	Thou.	Dol.
			046		
			End of 1996		
			Mil.	Thou.	Dol.
			047		
c. Total inventories					
(1) Amount not subject to LIFO costing			181		186
(2) Amount subject to LIFO costing (gross)			182		187
(a) Amount of the LIFO reserve			183		188
(b) LIFO value of the line c(2) (net)			184		189
NOTE – The sum of lines c(1) and c(2) should equal line c The sum of lines c(2a) and c(2b) should equal line c(2)					
Item 9. TOTAL PURCHASES OF MERCHANDISE IN 1997			PURCHASES AT COST VALUE		
Purchases of merchandise for resale (Net of returns, allowances, and trade and cash discounts; but including amounts allowed for trade-ins)			Bil.	Mil.	Thou. Dol.
			160		
NOTE – If purchases are greater than sales, please provide an explanation in the REMARKS section					
Item 10. SALES BY CLASS OF CUSTOMER			Whole percent of sales		
Report the percentage of this establishment's total sales in 1997 (item 4a) to each class of customer.			141		
a. Export sales			142		
b. Restaurants, hotels, food services, and contract feeding			143		
c. Retailers and repair shops for resale or repair			144		
d. Other wholesale establishments for resale			145		
e. Industrial users for production (manufacturing and mining)			146		
f. Business users for consumption, not for resale			147		
g. Farmers (for farm use)			148		
h. Household consumers and individual users			149		
i. Builders and contractors			150		
j. Governmental bodies (Federal, State, and local)					
k. TOTAL (Sum of lines a through j should total 100%)			100%		

Item 11. KIND OF BUSINESS AND SELLING CHARACTERISTICS	
a. Kind of business	
What was this establishment's PRINCIPAL kind of business in 1997? Mark (X) only ONE box.	
(1) Electrical goods	070
(a) Electrical apparatus and equipment, wiring supplies, and construction materials (including industrial controls)	<input type="checkbox"/> 506309
(b) Electrical appliances and television and radio sets	<input type="checkbox"/> 506400
(c) Communication equipment and supplies	<input type="checkbox"/> 506510
(d) Other electronic parts and equipment (including blank audio and video tapes)	<input type="checkbox"/> 506590
(2) Compact discs, prerecorded audio tapes, and phonograph records	<input type="checkbox"/> 509950
(3) Prerecorded video tapes, video cassettes, and video discs	<input type="checkbox"/> 782230
(4) Construction contracting – Specify kind	<input type="checkbox"/> 777777
(5) Other kind of business – Specify	<input type="checkbox"/> 777777
b. Selling characteristics	
(1) In what format did this establishment PRIMARILY sell in 1997? Mark (X) only ONE box.	
	068
From physical displays of priced merchandise	1 <input type="checkbox"/>
From a counter (little or no display)	2 <input type="checkbox"/>
From a warehouse or office	3 <input type="checkbox"/>
Other – Describe	4 <input type="checkbox"/>
(2) How did this establishment PRIMARILY attract new customers in 1997? Mark (X) only ONE box.	
	069
Location and store attractiveness	1 <input type="checkbox"/>
Advertising to the general public, including direct mail advertising	2 <input type="checkbox"/>
Advertising to the trade or calls directly to customers	3 <input type="checkbox"/>
Other – Describe	4 <input type="checkbox"/>
c. What percent of your sales are drop-shipped and do not enter this establishment?	Percent
	111
	%
Item 12. TYPE OF OPERATION	
What was this establishment's PRINCIPAL type of operation in 1997? Mark (X) only ONE box.	
	060
a. Own-brand importer and marketer	<input type="checkbox"/> 14
b. Merchant wholesaler (buying and selling on own account)	
(1) Importer	<input type="checkbox"/> 12
(2) Exporter	<input type="checkbox"/> 13
(3) Merchant wholesale distributor or jobber.	<input type="checkbox"/> 11
c. Manufacturers' sales branches and offices	<input type="checkbox"/> 20
d. Agent, broker, and commission merchant	
(1) Auction company	<input type="checkbox"/> 41
(2) Broker (representing buyers and sellers)	<input type="checkbox"/> 42
(3) Commission merchant	<input type="checkbox"/> 43
(4) Import agent	<input type="checkbox"/> 44
(5) Export agent	<input type="checkbox"/> 45
(6) Manufacturers' agent	<input type="checkbox"/> 46
e. Other broker or agent – Specify type	<input type="checkbox"/> 77

If not shown, please enter your 11-digit Census File Number from the address label on page 1							Census File Number						
Item 13. COMMODITY LINES							Item 13. COMMODITY LINES – Continued						
Report sales by commodity group either as a dollar figure or as a whole percent of total sales (Include the value of merchandise marketed under capital, finance, or full payout leases and rental receipts derived from merchandise under operating leases)							Commodity lines	Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.				
									Bil.	Mil.	Thou.	Dol.	Per-cent
HOW TO REPORT PERCENTS	If figure is 38.76% of total sales		Bil.	Mil.	Thou.	Dol.	Per-cent						
	• Report whole percents						39						
	Not acceptable						38.76						
Commodity lines		Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.										
			Bil.	Mil.	Thou.	Dol.	Per-cent						
1. Electrical apparatus and equipment		100	101				102						
a. Power and distribution transformers		1411											
b. Switchgear and switchboard apparatus		1412											
c. Motors and generators (including motor-generator sets)		1413											
d. Conduit, raceway, and fittings		1414											
e. Electric bulbs (all types)		1415											
f. Interior wiring (excluding conduit)		1416											
g. Exterior wiring and cable (excluding conduit)		1417											
h. Lighting fixtures (residential and commercial)		1418											
i. Industrial controls		1419											
j. Other electrical apparatus and equipment (including fuses, lightning rods, etc.)		1421											
k. Total (Sum of lines 1a through 1j)		1400											
2. Electrical appliances, household													
a. Televisions		1511											
b. Radios, stereos, and C.D. players		1512											
c. V.C.R.'s and video cameras		1513											
d. Electrical household ranges and ovens		1514											
e. Refrigerators and freezers, household		1515											
f. Household laundry equipment		1516											
g. Vacuum cleaners and sewing machines, household		1517											
h. Other electrical household appliances (including fans, dishwashers, etc.)		1518											
i. Total (Sum of lines 2a through 2h)		1500											
3. Electronic parts and equipment, except communication													
a. Integrated circuits		1612											
b. Capacitors and resistors		1613											
c. Discrete semiconductors, etc.		1615											
d. Electronic connectors and other passive electronic parts		1616											
e. Electronic parts and equipment, n.e.c.		1618											
f. Total (Sum of lines 3a through 3e)		1600											
4. Communication equipment and supplies													
a. Telephones		1651											
b. Other electronic communication equipment		1652											
c. Other electrical communication equipment		1653											
d. Total (Sum of lines 4a through 4c)		1650											
5. Floor coverings		0530											
6. Kitchen utensils, mirrors, lamps, and picture frames		0540											
7. Office equipment (exclude computers)		0900											
8. New computer equipment		0920											
9. Computer software (packaged)		0950											
10. Hardware		1700											
11. Plumbing and heating equipment and supplies (hydronics)		1800											
12. Warm air heating and air-conditioning equipment and supplies		1900											
13. Refrigeration equipment and supplies		2000											
14. General-purpose industrial machinery, equipment, and parts		2320											
15. Materials handling equipment and parts		2340											
16. Sporting and recreational goods and supplies		2700											
17. Toys and hobby goods and supplies		2800											
18. Compact discs, prerecorded audio tapes, and phonograph records		3130											
ITEM 13 CONTINUED ON PAGE 4													

Item 13. COMMODITY LINES – Continued							Item 15. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION – Continued													
Commodity lines	Cen- sus use	ESTIMATES are acceptable. Report dollars OR percents.					d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1997? If more than one, provide the physical location address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper. Estimates are acceptable if book figures are not available.													
		Bil.	Mil.	Thou.	Dol.	Per- cent					Number									
19. Prerecorded video tapes, video cassettes, and video discs	3140						Name				1997	Mil.	Thou.	Dol.						
20. Miscellaneous commodities – Specify	076	9811					Number and street				Sales	081								
							City	State	ZIP Code	Annual payroll	082									
										Paid employees for pay period including March 12										
a.	077	9812					1 Kind-of-business description				083									
b.	078	9813					Type of operation (choose from item 12)				Cen- sus use	088								
												089								
21. Rental and operating lease receipts	9940						Name				1997	Mil.	Thou.	Dol.						
22. Service receipts and labor charges (including installed parts)							Number and street				Sales	081								
							City	State	ZIP Code	Annual payroll	082									
										Paid employees for pay period including March 12										
							a. Labor charges for repair work				9701						Cen- sus use	088		
							b. Parts installed in repair work				9702							089		
c. Other service receipts and labor charges – Specify				9703							Cen- sus use	088								
d. Total (Sum of lines 22a through 22c)												9700						089		
23. Receipts for service contracts	9720						Name				1997	Mil.	Thou.	Dol.						
24. Receipts for installing equipment	9740						Number and street				Sales	081								
25. TOTAL (Should equal item 4a if reporting in dollars)	9990						City				Annual payroll	082								
							State				ZIP Code	Paid employees for pay period including March 12								
Item 14. LEGAL FORM OF ORGANIZATION							3 Kind-of-business description				083									
Which of the following best describes this establishment's legal form of organization during 1997? Mark (X) only ONE box.							Type of operation (choose from item 12)				Cen- sus use	088								
003 1 <input type="checkbox"/> Individual owner (sole proprietorship)												089								
2 <input type="checkbox"/> Partnership																				
3 <input type="checkbox"/> Cooperative association (taxable)																				
4 <input type="checkbox"/> Cooperative association (tax-exempt)																				
5 <input type="checkbox"/> Government – Specify																				
0 <input type="checkbox"/> Corporation (Do not mark if any form of cooperative association)																				
9 <input type="checkbox"/> Other – Specify																				
Item 15. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION							REMARKS – Please use this space for any explanations that may be essential in understanding your reported data.													
a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero?																				
1 <input type="checkbox"/> Yes – Complete this item																				
2 <input type="checkbox"/> No – Skip to item 16																				
b. Is this company owned or controlled by another company?		Enter name, address, and EIN of the owning or controlling company									Item 16. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.									
097 1 <input type="checkbox"/> Yes →		EIN (9 digits)					Period covered by this report				FROM: Mo. Year TO: Mo. Year									
2 <input type="checkbox"/> No							Name of person to contact regarding this report – Print or type													
c. Does this company own or control any other company or companies?		Enter name, address, and EIN of the owned or controlled company					Title													
098 1 <input type="checkbox"/> Yes →		EIN (9 digits)					Telephone				Area code		Number		Extension					
2 <input type="checkbox"/> No							Signature of authorized person				Date									